

NEW

Renewal of Number

POLICY DECLARATIONS

No. HBP2556109

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Direct Bill Policy
Service Center Policy

NAMED INSURED AND ADDRESS:

**DOUG AND JENNIFER VAN DER WEIDE (SANTA DOUG LLC)
12805 HAVENWOOD CT.
CEDAR LAKE, IN 46303**

POLICY PERIOD: (MO. DAY YR.) From: 09/01/2023 To: 09/01/2024

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION: Entertainers

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

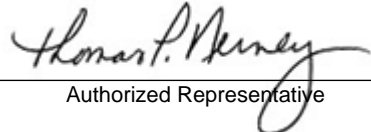
	PREMIUM
Businessowners Liability Coverage Part	\$183.00
Businessowners Property Coverage Part	\$50.00
TOTAL:	\$233.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **TALBERT INSURANCE SERVICES (1867)
3473 Satellite Boulevard, Suite 114N
Duluth, GA 30096**

Issued: **08/28/2023 10:56 AM**

By: 
Authorized Representative

UPD (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. HBP2556109

Effective Date: 09/01/2023

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
2110IN	10/19	Indiana Service of Suit
BP0003	01/10	Businessowners Coverage Form
BP0135	11/21	Indiana Changes
BP0417	01/10	Employment-Related Practices Exclusion
BP-104	12/20	Exclusion of Certified Acts of Terrorism
BP-107	04/08	Actual Cash Value Definition
BP1071	02/08	Indiana Changes - Pollution Exclusion
BP-117	06/08	Section IV -Errors And Omissions Liability Insurance Coverage Form
BP1445	12/10	Indiana Changes - Workers' Compensation Exclusion
BP-15	07/04	Business Income And Extra Expense Limit
BP1505	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included
BP-152	01/13	Separation of Insureds Clarification Endorsement
BP1560	02/21	Cyber Incident Exclusion
BP-168	11/11	Exclusion - Injury To Performers Or Entertainers
BP-40	03/11	Molestation Or Abuse Exclusion
BP-47	11/10	"Equipment Breakdown" Enhancement Endorsement
BP-48	05/16	Exclusion Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
BP-49	01/13	Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP-507	04/17	Exclusion - Unmanned Aircraft
BP-77B	03/11	Amendment Of Premium Audit Conditions
BP-88	04/06	Expanded Definition Of Bodily Injury
BP-90	11/10	Amended Definition
CV TRIADN	12/20	Policyholder Disclosure Notice of Terrorism
HBP-100	05/08	Integration Endorsement
HBP-107	08/08	Retroactive Date Endorsement
Jacket	07/19	Policy Jacket
L 541	12/20	Extension of Terrorism Coverage
L-367	08/03	Minimum Earned Premium Endorsement
Notice-CyberIncidentExcl-BP	01/21	Cyber Incident Exclusion Endorsement - Advisory Notice to Policyholder

BUSINESSOWNERS PROPERTY COVERAGE PART DECLARATIONS

Policy No. HBP2556109

Effective Date: 09/01/2023
12:01 STANDARD TIME

DESCRIPTION OF PREMISES

<i>Prem</i>	<i>Bldg</i>	<i>Location, Construction, Occupancy and Other Information</i>	<i>Territory</i>	<i>Fire Code</i>
1	1	12805 Havenwood Ct., Cedar Lake, IN 46303	006	0702
		Description: Entertainers		
		Covered Causes of Loss: Special	Protection Class	4
		Construction: Frame	Square Footage:	
		Special Deductible: None	Special Deductible Type:	

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN

<i>Prem</i>	<i>Bldg</i>	<i>Coverage</i>	<i>Limits of Insurance</i>	<i>Deductible</i>	<i>Coinsurance % or Monthly Indemnity</i>	<i>+ Valuation</i>	<i>Premium</i>
All		Terrorism Coverage		\$0			Included
1	1	Business Income with Extra Expense	\$1,750	\$0		ALS	Included
1	1	Business Personal Property	\$5,000	\$500		RC	\$50
1	1	Equipment Breakdown	Included	\$500			Included
MINIMUM PREMIUM FOR PROPERTY COVERAGE PART:							\$50
TOTAL PREMIUM FOR PROPERTY COVERAGE PART:							\$50 MP
MP - minimum premium							
+ Valuation: ACV - Actual Cash Value; RC - Replacement Cost; RC/ACV - Replacement Cost/ACV Roof FBV - Functional Building Value; AA - Agreed Amount; ALS - Actual Loss Sustained							

LOSS PAYABLE(S): NONE

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

BUSINESSOWNERS GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. HBP2556109

Effective Date: 09/01/2023
12:01 STANDARD TIME

LIMITS OF INSURANCE

Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$50,000
Errors and Omissions Limit	\$25,000

An Aggregate Limit of Liability applies to this Coverage as defined in SECTION II - LIABILITY, paragraph D.4. of the Businessowners Coverage Form.

LIABILITY DEDUCTIBLE **\$0**

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

<i>Location</i>	<i>Address</i>	<i>Territory</i>
1	12805 Havenwood Ct., Cedar Lake, IN 46303	006

PREMIUM COMPUTATION

<i>Loc</i>	<i>Classification</i>	<i>Code No.</i>	<i>Premium Basis</i>	<i>Pr/Co</i>	<i>Rate</i>		<i>Advance Premium</i>	
					<i>All Other</i>	<i>Pr/Co</i>	<i>All Other</i>	
1	Terrorism Coverage	08811	0.00% of prem. (\$183)					Included
1	Errors and Omission	72992	Flat	0.000	0.000	Included		Included
1	Entertainers - operating out of the insured's primary residence	42791	10,000 Per 1,000 Sales	0.000	3.654	\$0		\$183 MP

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$183

TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$183 MP

(This Premium may be subject to adjustment.) **MP - minimum premium**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

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